

## **MISSOURI STATEWIDE HEALTH REFORM DEMONSTRATION FACT SHEET**

<b>Name of Section 1115 Demonstration:</b>	Missouri Managed Care Plus (MC+)
<b>Waiver Number:</b>	11-W-00122/7
<b>Date Proposal Submitted:</b>	June 30, 1994
<b>Date Proposal Approved:</b>	April 29, 1998
<b>Date Implemented:</b>	September 1, 1998
<b>BBA Extension/Renewal Approved:</b>	August 25, 2003
<b>Extension Expired:</b>	October 15, 2007*
<b>Number of Amendments:</b>	9

\* Temporary extensions of the demonstration were granted on February 28, 2007; March 9, 2007; March 16, 2007; April 30, 2007; August 31, 2007; September 14, 2007; and, September 27, 2007.

### **SUMMARY**

The demonstration was a statewide program that provided Medicaid Managed Care to adults and children in the State that were not otherwise eligible for Medicaid. The demonstration ran concurrently with the State's current Section 1915(b) waiver, also known as Managed Care Plus (MC+). The demonstration also provided family planning services to postpartum uninsured women who lost their Medicaid eligibility 60 days after the birth of their child.

The demonstration expired on October 15, 2007. The populations that were served under the demonstration at the time of expiration included optional targeted low-income children (up to 300 percent of the FPL) and postpartum uninsured women who lose their Medicaid eligibility 60 days after the birth of their child. The optional targeted low-income children transitioned into a combination State Children's Health Insurance Program (SCHIP) program. The postpartum uninsured women transitioned into a separate, stand-alone section 1115 family planning demonstration, entitled Women's Health Services Program.

The *Healthcare for the Indigent of St. Louis* amendment was approved in August 2002 and continued until April 30, 2007. Through this amendment, the State developed a "safety net" program for the St. Louis Connect Care community.

A 3-year extension of the demonstration was approved on August 25, 2003, and was extended to March 1, 2007. Temporary extensions of the demonstration were granted multiple times and the demonstration expired on October 15, 2007.

Missouri's section 1115 demonstration, MC+, was approved in 1998. The initial approval covered the following populations: State plan children; postpartum women; adults transitioning off of welfare, who would otherwise not be insured or Medicaid eligible, with family income up to 300 percent of the FPL; uninsured non-custodial parents with family income up to 100 percent of the FPL who were current in paying their child support; uninsured non-custodial parents were actively participating in Missouri's Parents' Fair Share Program; uninsured custodial parents with family income up to 100 percent of the FPL; and, optional targeted low-income children through an SCHIP Medicaid Expansion program.

The demonstration combined Title XIX and XXI funding streams. The expansion population of children was funded through Title XXI. All other demonstration populations and services were covered through Title XIX through diverted Disproportionate Share Hospital (DSH) funds.

### **ELIGIBILITY**

At the time the demonstration expired, the demonstration covered the following populations:

#### **Missouri Managed Care Plus (MC+) 1115 Demonstration Populations**

<b>I. Medicaid Mandatory State Plan Group(s)</b>	<b>Federal Poverty Level and/or Other Qualifying Criteria</b>	<b>Funding</b>
Pregnant women and Infants under age 1 (SOBRA)	0 to 185% of the FPL	Title XIX
Children 1 through 5	0 to 133% of the FPL	Title XIX
Children 6 through 18	0 to 100% of the FPL	Title XIX
<b>II. Medicaid Expansion Optional State Plan Group (Optional Targeted Low-Income Children)</b>		
Infants under age 1	Above 185% - 300% of the FPL	Title XXI
Children 1 through 5	Above 133% - 300% of the FPL	Title XXI
Children 6 through 18	Above 100% - 300% of the FPL	Title XXI
<b>III. Non-State Plan Group</b>		
Postpartum Medicaid Women (Family Planning)	Uninsured women, who lose their Medicaid eligibility 60 days after the birth of their child, are eligible for women's health services for 1 year (12 months).	Title XIX (enhanced FMAP)

### **BENEFITS**

- Eligible children received all Medicaid benefits, except non-emergent medical transportation.

- Eligible postpartum women received women's health services only. This included: contraception counseling, devices, pharmaceuticals, and implants; pap smears and pelvic exams; and sexually transmitted disease testing and treatment. These benefits were available through fee for service.

## **QUALITY AND EVALUATION PLAN**

The State uses HEDIS and HEDIS-like measures to monitor quality. The State also monitors the auto-assignment rate, new enrollment by region, provider and recipient comments and concerns.

In addition to other analytical tools and reports, Missouri uses a program similar to Geo Access to monitor access. The State conducts annual health plan reviews and also has a contract with an independent professional review organization (PRO) or a PRO-like entity to perform an annual external review.

## **COST SHARING**

Missouri's legislation provides that children with family incomes over 150 percent of the FPL shall pay premiums. Total cost sharing shall not exceed 5 percent of the family's income. A pattern of failure to pay the premium could result in disenrollment. The following is how the State has implemented the 5 percent cost-sharing cap:

<b>Percentage of Federal Poverty Level</b>	<b>Percentage of Family Income as Premium</b>
Above 150 percent through 185 percent	1 percent
Above 185 percent through 225 percent	3 percent
Above 225 percent through 300 percent	5 percent

## **AMENDMENTS**

**Amendment #1** - CMS approved an amendment on January 11, 1999, which allows the State to impose cost sharing on children and disenroll beneficiaries who show a pattern (four or more instances) of failing to pay the copayment requirements. Providers may not deny services based upon a lack of copayment, but must keep a record of such instances and report them to the State. The State was required to evaluate the effects of not providing non-emergency medical transportation and/or the effects of imposing cost sharing on children, including the disenrollment provisions.

Date Amendment #1 Approved: January 11, 1999

**Amendment #2** - CMS approved an amendment on February 3, 1999, to allow the State to expand eligibility to uninsured non-custodial adults with incomes up to 125 percent of the FPL. Prior to this amendment, these adults were covered up to 100 percent of the FPL. This eligibility expansion was mandated by the State legislature.

Date Amendment #2 Approved:

February 3, 1999

**Amendment #3** - An amendment was approved on June 28, 1999, to increase monthly premiums from \$65 to \$68 for children with family incomes between 226 percent and 300 percent of the FPL. This increase was mandated by the State legislature in accordance with changes to the Missouri Consolidated Health Care Plan.

Date Amendment #3 Approved:

June 28, 1999

**Amendment #4** - An amendment was approved on January 19, 2001, to allow the State to increase monthly premiums from \$68 to \$80 for children with family incomes between 226 percent and 300 percent of the FPL. A clarification of this approval was provided on January 23, 2001, to allow the State to increase the pharmacy copayment from \$5 to \$9 for this same group. This increase was mandated by the State legislature in accordance with changes to the Missouri Consolidated Health Care Plan.

Date Amendment #4 Approved:

January 19, 2001

**Amendment #5** - An amendment was approved on May 30, 2001, to allow the State to increase monthly premiums from \$80 to between \$83 and \$218 for children with family incomes between 226 percent and 300 percent of the FPL. The exact amount of the premium was determined by a sliding-scale methodology outlined by the State in its letter requesting the amendment. This increase was mandated by the State legislature and was necessary to allow 3,500 children to continue to receive health care.

Date Amendment #5 Approved:

May 30, 2001

**Amendment #6** - CMS approved an amendment on August 1, 2002, entitled, "Health Care for the Indigent of St. Louis." This amendment had two purposes: (1) to transition ConnectCare, a public-private hospital in St. Louis, from an inpatient to an outpatient facility; and, (2) to enable the St. Louis region to transition its "safety net" system of care for the medically indigent to a viable, self-sustaining model. To achieve this, CMS approved expenditure authority for State-funded expenditures incurred by the St. Louis Regional Disproportionate Share Hospital (DSH) Funding Authority between June 28, 2002, and February 29, 2004. This authority was extended for 3 additional years ending April 30, 2007.

Date Amendment #6 Approved:

August 1, 2002

**Amendment #7:** On August 30, 2002, CMS granted a modification to the demonstration that eliminated coverage for two populations—uninsured non-custodial parents below 125 percent of the FPL who were paying child support and uninsured non-custodial parents actively participating in the Missouri parent's Fair Share program. The modification also reduced coverage to adults transitioning off of welfare from three years to two years of transitional medical assistance (TMA). Additionally, the modification allowed Missouri to reduce coverage from two years to one year for women's health

services provided to uninsured women losing eligibility 60 days after the birth of their child, regardless of income.

Date Amendment #7 submitted:	August 1, 2002
Date Amendment #7 approved:	August 30, 2002

**Amendment #8** - On July 1, 2004, the State of Missouri submitted an amendment to the Missouri Care Plus (MC+) Section 1115 demonstration to exempt children with special health care needs from the State's 6-month period of uninsurance and from the 30-day waiting period. The State also submitted a Title XXI State plan amendment (SPA) on July 1, 2004, to update the SCHIP State plan to reflect these changes made in the State's MC+ Demonstration.

Date Amendment #8 Submitted:	July 1, 2004
Date Amendment #8 Approved:	September 30, 2004

**Amendment #9** - CMS approved an amendment to MC+ in 2006 to allow the State to change its Section 1115 Children's Health Program from a cost-sharing copayment and premium structure to solely a sliding-scale premium structure based on income level for children 151 percent through 300 percent of the FPL. Copayment requirements were eliminated. The amendment also eliminated Missouri's authority to provide any additional transitional medical assistance (TMA) beyond the 12-month statutory requirement, eliminated the 30-day waiting period for all children in the demonstration from the date of application (before health care coverage can begin), eliminated the 6-month waiting period penalty before re-enrollment after non-payment of an ongoing premium for children with family incomes between 151 percent and 225 percent of the FPL, and changed Missouri's presumptive eligibility criteria for children to be consistent with the changes in the premium structure.

Date Amendment #9 Submitted:	May 31, 2005; Nov. 7, 2005; & Jan. 2006
Date Amendment #9 Approved:	September 15, 2006

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